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MOBILE
T. M. SANDER
THINK JOURNAL

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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Pima County Graham No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
<u>Male</u>			
DATE OF BIRTH* <u>Aug 25</u> <u>1923</u> (Month) (Day) (Year)			
FULL NAME	FATHER <u>Charles Kerby</u>		
FULL MAIDEN NAME	MOTHER <u>Clarica Lorena Paulsipher</u>		

I HEREBY CERTIFY that the child described
herein has been named

Rex Marvin Kerby
(Give name in full) (Surname)

Charles Kerby
(Parent's Signature)
Jamra Taylor Jones
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.

928-825-379